New Benefit and Foundation for Reform (Parts of foundation per H776; HCR48)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Plan assignments based on health needs.		Medicaid developed 3 new benchmark benefit plans:		
	July 2006	1. The Medicaid Basic Plan.	• 104,450 participants enrolled to date in the Basic Plan.	• Basic Plan – 132,511.
	July 2006	2. The Medicaid Enhanced Plan.	• 33,617 participants enrolled to date in the Enhanced Plan.	• Enhanced Plan – 36,910.
	April 2007	3. The Medicare-Medicaid Coordinated Plan (MMCP). The intake process at application and renewal includes a health assessment process that helps make sure participants get the benefits that meet their health needs. In addition, participants enrolled in the Basic Plan can be moved to the Enhanced Plan at any time during the eligibility period, if a medical assessment determines that their health needs have changed.	• 13,416 participants enrolled in the Coordinated Plan, with 873 selecting a Medicare Advantage Plan as their primary payer. • 34,480 participants remaining to be assigned to a plan at their renewal date.	• 17,757 participants voluntarily enrolled with a Medicare Advantage Plan (981 for November 2007). • Children's Access Card – 57 • Total for September 2007 – 183,230. (September eligibility figures)
Expedited Healthy Connections assignments.	July 2006	Healthy Connections enrollment now happens as part of the enrollment process to get participants connected to a primary care provider sooner.	Participants are now connected to a provider within 30 days of enrollment.	Median enrollment processing time averaged for the most current 3 months of complete data is 28 days.

Good Health Decisions (HB663)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Preventive Health Assistance for smoking cessation and weight loss.	January 2007	Preventive Health Assistance (PHA) helps participants change personal health habits. Participants who indicate a desire to manage their weight or stop using tobacco can earn points by completing activities leading to better health. These points can be used to obtain goods and services to help them improve their health.	• 20 adults participating in tobacco cessation. • 29 adults participating in weight management. • 13 children participating in weight management.	• 104 adults participating in tobacco cessation. • 1 youth participating in tobacco cessation. • 169 adults participating in weight management. • 71 youth participating in weight management.
Preventative Health Assistance for immunizations and well-child exams.	January 2007	To encourage the use of preventive services, families with children who are subject to premium payments can earn points by keeping their well-child checks and immunizations up to date. These points can be used to pay their delinquent premiums. Or, if their premiums are satisfied, they can use the points to purchase health activities.	• 5,707 are eligible for the wellness PHA. • 2,101 out of 5,707 children have earned points for well-child checks and immunizations. • 22,547 points ($22,547) paid on delinquent premiums for 729 children.	• 12,376 are eligible for the wellness PHA. • 5,769 children have earned points for well-child checks and immunizations to date this year. • 74,403.15 points ($74,403.15) paid on delinquent premiums for 2,149 children to date this year.
Co-payments for certain Medicaid services.	February 2007	New rules allow hospitals to charge co-payments for non-emergent use of emergency rooms, and ambulance providers to charge co-payments for inappropriate use. Charges for missed appointments are applied by physicians according to physician policy.	February 2007 – May 2007: 133 participants subject to co-payments for inappropriate use of emergency transportation.	October 2007 – December 2007: 143 participants subject to co-payments for inappropriate use of emergency transportation.
Prevention and Wellness (H776, HCR50)				
Adult annual health exams.	July 2006	Medicaid added a wellness exam benefit for adults to encourage and support wellness and prevention.	Adult wellness exams not available in SFY 2006.	SFY 2007 Adult – 5,480 visits for 5,064 participants (10.2%). (49,856 average monthly eligibles.)
Increase the number of well-child exams.	July 2006	Medicaid increased provider reimbursement for well-child exams to align with commercial insurance.	84,822 well-child exams or comp visits were provided to 46,751 kids in SFY 2006, representing 26.1% of eligible children.	85,526 well-child exams or comp visits were provided to 46,393 kids in SFY 2006, representing 34.4% of eligible children.

Prevention and Wellness, cont. (H776, HCR50)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Cost-sharing for families below 133% of the Federal Poverty Guidelines (FPG).	December 2006	Participants with family income between 133% and 150% began paying $10 per member, per month in December 2006. Prior to reform, participants with family incomes from 150% to 185% paid premiums of $15 per member, per month.	• 6,174 participants are currently required to pay a premium. • 527 participants delinquent over 60 days and have not obtained PHA points. 6 participants closed for not paying premiums since implementation of PHA (well-child checks/immunizations not completed and delinquent premiums not satisfied).	• 96 participants closed for not paying premiums in CY 2007.
Healthy Schools initiative.	September 2006	The Idaho Department of Health and Welfare and the State Department of Education collaborated on a new program called Healthy Schools. This program provides preventive services and promotes child wellness in Idaho school districts that have a high percentage of low-income children and a low nurse-to-student ratio as determined by the Department of Education. Idaho Medicaid provides grant funding to help eligible school districts with the salary expenses of registered nurses working in grantee schools.	• 13 schools representing 11% of Idaho districts served. • 16,611 students or 6% of Idaho's school children covered. **Completed projects include:** • 17,051 health screenings with 934 referrals (vision, hearing, scoliosis, pediculosis, blood pressure, dental, and other miscellaneous). • 333 children were referred for immunization updates. • 613 health counseling sessions (219 elementary, 110 middle school, 274 high school). • 650 children out of the 16,611 served have been identified as having chronic conditions including asthma and diabetes. • 19 children have epi-pens at school, 7 receive nebulizer treatments, 2 have glucagons, 6 have tube feedings, 4 receive stoma care, 64 require other health care services. • 491 minor illnesses, and two major illnesses reported. • 268 children received medication at school including 77 on-going medication.	• 13 schools representing 11% of Idaho districts served. • Beginning year reports have been received. **Projects planned and started:** • Health screenings and appropriate referrals for vision, hearing, scoliosis, and pediculosis. • Review of immunization status and referrals when appropriate. **Employee wellness programs:** • Staff education about students with chronic health problems, allergies, and epi-pen use. • Developed care plans for students with chronic conditions, daily diabetic care, first aid, and helped with IEPs. • Health teaching for students and staff, hand washing classes. • Sent CHIP applications home with students. • Dental sealant participants, fluoride rinse program. • One nurse implemented LIVE, a weight control program. • Planning classes on bullying and abuse, attend child protection meetings. • Web page for school nursing. • Supervisory visits to special needs classrooms. • Monitor students with known mental health issues (cutting, anorexia, etc.).

Strengthen Employer-Based Health Insurance (S1417)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Remove 50% requirement for employer contributions to spouse premiums for premium assistance.	December 2006	Medicaid's Access to Health Insurance program has experienced low enrollment partly due to the fact that the waiver authorizing the program requires participating employers to contribute 50% of spouse premiums. This is a higher requirement than insurance carriers' requirements, making premium assistance participation too expensive for employers. Medicaid has received state and federal approval to remove this requirement.	Participants: • 160 children: (51 on Access Card and 109 on Access to Health Insurance). • 207 parent/caretakers. • 86 childless adults. • 453 total participants. • 54 participating employers.	Participants: • 154 Children: (57 on Access Card and 97 on Access to Health Insurance). • 238 parent/caretakers. • 93 childless adults. • 485 total participants. • 118 participating employers.
Opportunities for Employment (H664)				
Medicaid for workers with disabilities (Medicaid Buy-In).	January 2007	This reform alleviates disincentives to work by allowing workers with disabilities to retain or access Medicaid coverage. Prior to authorization of this reform, many Medicaid participants with disabilities could not afford to enter the workforce due to the fear of losing necessary medical services received through Medicaid. Workers with disabilities can now access Medicaid coverage. Participants have cost sharing responsibilities if their income exceeds 133% of the FPG.	• 183 participants in the program.	• 347 participants in the program.

Empower Individuals to Manage Their Own Lives (HCR12 in 2005; H849 in 2006)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Consumer-directed care (Self-Determination).	December 2006	This program implements self-directed community supports modeled after the National Cash and Counseling Demonstration. It is a flexible program option for participants eligible for the Home and Community-Based Services, Developmental Disabilities Waiver. The Self-Directed Community Supports option allows eligible participants to choose the frequency of the supports they want, to negotiate the rate of payment, and to hire the person or agency they prefer to provide those supports.	• 11 participants have obtained training. • 2 participants have completed plans. • 2 participants are ready to submit plans. • 10 participants have registered to take the Guide to Self-Directed Life SD training.	• 36 participants have obtained training. • 16 participants have completed plans. • 2 plans are pending. • 6 participants are currently registered to take the guide training. • 27 people have applied to be support brokers and 19 of those have passed the exam.
Savings and Efficiencies (HCR50, HCR51; H776; HCR53)				
Best price negotiated for incontinent supplies.	July 2006	Medicaid has developed a process for acquisition of medical products and supplies at one negotiated best price for all providers. This process also maintains quality standards and access standards for those supplies. Medicaid began implementating this purchasing strategy with incontinent supplies.	July 2006 – April 2007: 22.73% (439,213) decrease in cost to date over the same period in 2005, and 4.9% decrease in utilization to date.	SFY 05 SFY 06 SFY 07 Units 3193470 3661487 3641324 Average units per participant per month 147.3 157.75 155.93 SFY Total Paid $2,307,549 $2,631,071 $2,398,589 Average amount per participant per month $106.44 $113.36 $102.71 Average amount per unit $0.72 $0.72 $0.66
Multi-state purchasing pool for pharmacy pricing.	October 2006	By joining TOP$, a multi-state drug purchasing pool, Medicaid will enhance supplemental rebates received from pharmaceutical manufacturers. TOP$, or The Optimal PDL Solution, is the state Medicaid pharmaceutical purchasing pool started by Provider Synergies for Louisiana, Maryland and West Virginia in May 2005. Delaware, Idaho, Wisconsin, and Pennsylvania have joined more recently.	• Number of drug classes in the supplemental review process increased from 11 in the single state program to 51 in the multi-state program • Quarterly rebates have increased from $420,193 for the last quarter of the single state program to $2,309,803 the latest quarter of the multi-state program • Increase is due to both increase in the amount of rebates per claim as well as the increase in the number of drug classes included in the supplemental rebate program.	• There are now 55 drug classes under review through the TOP$ multi-state purchasing pool managed by Provider Synergies. • Total rebate comparing (Jan-Jun) 2006 and 2007: $1,656,700 (2006) and $2,253,152 (36% increase). The magnitude of this change is primarily due to the change in rebate contractors.

Savings and Efficiencies, cont. (HCR50, HCR51; H776; HCR53)

Reform Initiative	Date Implemented	Description	July 2007 Data	Updated December 2007 Data
Pay for Performance pilot; diabetes.	July 2006	Idaho Medicaid has partnered with the Family Medicine Residency of Idaho and the Idaho Primary Care Association to develop a pay-for-performance pilot program focusing on managing chronic diseases. This program began by focusing on best practices in the care of diabetes, and will expand later to care of asthma, cardiovascular disease, and depression. The program uses recognized standard clinical criteria that reflects best clinical practices and will adjust reimbursement to reward these care practices. There are 326 Medicaid patients participating.	Need to determine measures.	Average flu vaccine clinics at school, first year's data: Diabetic patients enrolled 514 100% Diabetic management plan 414 80.5% Hemoglobin A1C first test 441 85.8% Hemoglobin A1C second test 8 1.6% Dilated retinal exam scheduled 96 18.7% Influenza immunization given 107 20.8% Serum lipid studies done 346 67.3%
Dental plan outsourcing.	September 2007	Idaho Medicaid is contracting with Blue Cross/Doral (Idaho Smiles) to coordinate and reimburse dental services for Medicaid participants in the Basic Plan. They will be responsible for recruiting dental providers and conducting outreach to Medicaid participants.		November billed participants – 111,643.

Non-Public Financing Options for Long-Term Care (LTC) (HCR52; S1318; federal)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
Aging Connections pilot.	October 2006	IDHW and several agency partners are piloting the Aging Connections program in three Idaho communities. Aging Connections will provide long-term care (LTC) options counseling in order to promote non-publicly financed LTC arrangements such as reverse mortgages and commercial LTC insurance. Aging Connections serves as a critical information and referral resource for end-of-life care issues, including advanced directives. Based on the positive results, plans are being considered to expand this program into other Idaho communities.	Demographics: • 3 resource centers in operation. • 248 participants receiving Aging Connections Services to date. • 217 referral services made through Aging Connections centers. • 34 participants provided options counseling through resource centers. • 14 participants provided options counseling through educational workshops. • 1 participant enrolled in long term care insurance to date. Cost Avoidance: • 2 participants counseled are receiving services at a less restrictive, less expensive level of care. • 5 participants counseled were potentially Medicaid eligible but opted for accessing privately funded care. • Estimated total cost avoidance to date: $80,317.	Demographics: • 3 resource centers in operation. • 678 participants receiving Aging Connections services to date. • 1,001 referral services made through Aging Connections centers. • 162 participants provided options counseling through resource centers. • 130 participants provided options counseling through educational workshops. • 1 participant enrolled in long-term care insurance to date. Cost Avoidance: • 10 diversions total – 1 has since gone on Medicaid and 1 is now deceased. • 3 remain private pay instead of nursing home level of care (LOC). • 4 remain private pay instead of home and community based services (HCBS). • 1 is HCBS instead of nursing home LOC. • Estimated total cost avoidance to date: $230,641.74.

Non-Public Financing Options for Long-Term Care (LTC), cont. (HCR52; S1318; federal)				
Reform Initiative	**Date Implemented**	**Description**	**July 2007 Data**	**Updated December 2007 Data**
LTC financing reforms; estate recovery.	July 2006	Several statute changes have been made to strengthen Medicaid's estate recovery program. Medicaid can now be a successor in probate, which allows the state to obtain personal property assets held by third parties (bank accounts, stocks, etc.) by affidavit. Medicaid has also clarified its claiming collection rights in spousal estate cases. In addition, Senate Bill 1318 also gave Medicaid the ability to foreclose estate liens in certain circumstances.	Affidavits: Data is not currently available on collections to date because of this change. IDHW has recently implemented a software program that will enable us to capture data on what payments are a result of these affidavits. Foreclosure of Liens: • 3 cases of lien foreclosure to date which have brought in a total $133,500. • 4 pending cases of lien foreclosure which are anticipated to bring in $294,000.	July 1, 2007 – December 11, 2007: The Estate Recovery Unit has collected $381,287.90 as a direct result of these affidavits. This represents approximately 9% of the total amount collected in this time frame.
LTC Partnership program.	November 2007	Medicaid will strengthen LTC financing by participating in the Long-Term Care Partnership program. Individuals who purchase commercial LTC insurance are able to protect a portion of their assets if they become eligible for Medicaid-financed LTC. The Medicaid program saves money under such partnerships because Medicaid becomes the payer after the policy benefits are exhausted. This makes Medicaid the payer of last resort, not the first.	Since November 2006, 252 LTC partnership policies have been sold. Medicaid impact is expected to be 3-5 years out. (Updated LTC partnership policy information will be available March 2008.)	Since November 2006, 252 LTC partnership policies have been sold. Medicaid impact is expected to be 3-5 years out. (Updated LTC partnership policy information will be available March 2008.)
Coordination with Medicare (HCR49)				
Integrate benefits and administration with Medicare plans.	April 2007	The third benchmark plan (noted above) integrates Medicare and Medicaid benefits for individuals who are dually eligible for both programs. This benefit plan, called the Medicare-Medicaid Coordinated Plan, will provide full dual-eligibles the option of enrolling in an integrated benefits program offered by participating Medicare Advantage Plans.	873 Medicare-Medicaid Coordinated, Medicare Advantage Plan participants out of 13,416 in the Coordinated Plan.	981 participants have voluntarily enrolled in Medicare Advantage Plans out of 14,629 eligible in participating counties.